

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

American Hospital Association PAC

ADDRESS (number and street) ▼

800 Tenth Street, NW

Two CityCenter, Suite 400

☐ Check if different than previously reported. (ACC)

Washington

DC

20001-4956

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00106146

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☒ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Ms. Melinda Hatton

Signature of Treasurer

Ms. Melinda Hatton

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Hospital Association PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
11 / 01 / 2015 To: M M / D D / Y Y Y Y Y Y
11 / 30 / 2015

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2015		1653206.80
(b) Cash on Hand at Beginning of Reporting Period.....	2900253.02	
(c) Total Receipts (from Line 19)	97635.56	2073231.21
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	2997888.58	3726438.01
7. Total Disbursements (from Line 31)	55125.27	783674.70
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	2942763.31	2942763.31
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Hospital Association PAC

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	1		2	0	1	5

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	1		3	0		2	0	1	5

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	54501.60	891572.91
(ii) Unitemized	17890.68	316023.68
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ►	72392.28	1207596.59
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	5000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) ►	72392.28	1212596.59
12. Transfers From Affiliated/Other Party Committees.....	25000.00	600975.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	256999.36
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	525.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	243.28	2135.26
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ►	97635.56	2073231.21
20. Total Federal Receipts (subtract Line 18(c) from Line 19) ►	97635.56	2073231.21

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	325.27	5806.18
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	325.27	5806.18
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	54750.00	777393.52
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	50.00	475.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	50.00	475.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	55125.27	783674.70
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	55125.27	783674.70

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	72392.28	1212596.59
34. Total Contribution Refunds (from Line 28(d))	50.00	475.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	72342.28	1212121.59
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	325.27	5806.18
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	256999.36
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	325.27	-251193.18

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Dr. Robert E Simpson Jr. DSW, M

Mailing Address P O Box 803

City

Brattleboro

State

VT

Zip Code

05302-0803

FEC ID number of contributing
federal political committee.

C

Name of Employer

Brattleboro Retreat

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	03	/	2015

Transaction ID : 22787844

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

B. Mr. Robert A Malson

Mailing Address 1152 15th Street NW, Suite 900

City

Washington

State

DC

Zip Code

20005-1723

FEC ID number of contributing
federal political committee.

C

Name of Employer

District of Columbia Hospital Associat

Occupation

President

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	05	/	2015

Transaction ID : 22789202

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

C. Mr. Jeffrey A Flaks

Mailing Address 75 Westland Road

City

Avon

State

CT

Zip Code

06001-2366

FEC ID number of contributing
federal political committee.

C

Name of Employer

Hartford HealthCare

Occupation

Chief Operating Officer

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	06	/	2015

Transaction ID : 22789473

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

1200.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Thomas A Biga

Mailing Address 29 Highland Avenue

City

Fair Haven

State

NJ

Zip Code

07704-3620

FEC ID number of contributing
federal political committee.

C

Name of Employer

Barnabas Health

Occupation

Interim President and Chief Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1	/	0	6	/	2	0	1	5		

Transaction ID : 22790487

Amount of Each Receipt this Period

650.00

Full Name (Last, First, Middle Initial)

B. Ms. Suzanne Borgos

Mailing Address 21 Quaker Street

City

Chesterfield

State

NJ

Zip Code

08515-9725

FEC ID number of contributing
federal political committee.

C

Name of Employer

Capital Health

Occupation

Vice President, Planning

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1	/	0	6	/	2	0	1	5		

Transaction ID : 22790488

Amount of Each Receipt this Period

260.00

Full Name (Last, First, Middle Initial)

C. Mr. Nathan Bosk

Mailing Address 8 Averstone Road

City

Holland

State

PA

Zip Code

18966-2676

FEC ID number of contributing
federal political committee.

C

Name of Employer

Capital Health

Occupation

Vice President, Ambulatory Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1	/	0	6	/	2	0	1	5		

Transaction ID : 22790489

Amount of Each Receipt this Period

260.00

SUBTOTAL of Receipts This Page (optional)..... ►

1170.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. J. Scott Clemmensen

Mailing Address 140 Chilton Rd

City

Langhorne

State

PA

Zip Code

19047-8115

FEC ID number of contributing
federal political committee.

C

Name of Employer

Capital Health

Occupation

Vice President Human Resources

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

11 / 06 / 2015

Transaction ID : 22790490

Amount of Each Receipt this Period

260.00

Full Name (Last, First, Middle Initial)

B. Dr. Al Maghazehe PhD, FACHE

Mailing Address 750 Brunswick Avenue

City

Trenton

State

NJ

Zip Code

08638-4143

FEC ID number of contributing
federal political committee.

C

Name of Employer

Capital Health

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2364.70

Date of Receipt

11 / 06 / 2015

Transaction ID : 22790492

Amount of Each Receipt this Period

2364.70

Full Name (Last, First, Middle Initial)

C. Mr. David W. McClung

Mailing Address 17 Hialeah Drive

City

Colts Neck

State

NJ

Zip Code

07722-1214

FEC ID number of contributing
federal political committee.

C

Name of Employer

Barnabas Health

Occupation

Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

227.50

Date of Receipt

11 / 06 / 2015

Transaction ID : 22790494

Amount of Each Receipt this Period

227.50

SUBTOTAL of Receipts This Page (optional)..... ►

2852.20

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 98

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Eugene McMahon

Mailing Address 77 Rumstick Road

City
Barrington

State
RI

Zip Code
02806-4821

FEC ID number of contributing
federal political committee.

C

Name of Employer

Capital Health

Occupation

CMO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

11 / 06 / 2015

Transaction ID : 22790495

Amount of Each Receipt this Period

260.00

Full Name (Last, First, Middle Initial)

B. Mr. Michael Mimoso FACHE

Mailing Address 12 Ann Drive

City
Rhinebeck

State
NY

Zip Code
12572-2244

FEC ID number of contributing
federal political committee.

C

Name of Employer

Barnabas Health

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

227.50

Date of Receipt

11 / 06 / 2015

Transaction ID : 22790496

Amount of Each Receipt this Period

227.50

Full Name (Last, First, Middle Initial)

c. Dr. Robert Remstein DO

Mailing Address 197 Anselm Road

City
Richboro

State
PA

Zip Code
18954-2032

FEC ID number of contributing
federal political committee.

C

Name of Employer

Capital Health

Occupation

Vice President Medical Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

11 / 06 / 2015

Transaction ID : 22790499

Amount of Each Receipt this Period

260.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

747.50

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Sylvia Getman

Mailing Address P O Box 151

City

Presque Isle

State

ME

Zip Code

04769-0151

FEC ID number of contributing
federal political committee.

C

Name of Employer

Aroostook Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 09 / 2015

Transaction ID : 22791211

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Ms. Lucille A Janatka

Mailing Address P O Box 100

City

New Britain

State

CT

Zip Code

06050-0100

FEC ID number of contributing
federal political committee.

C

Name of Employer

Hospital of Central Connecticut, The

Occupation

President and Chief Executive Officer,

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 03 / 2015

Transaction ID : 22791480

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mr Vincent Tammaro

Mailing Address 215 Union Ave

City

Harrison

State

NY

Zip Code

10528-1711

FEC ID number of contributing
federal political committee.

C

Name of Employer

Yale New Haven Health System

Occupation

Sr. Vice President Corporate Finance

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 04 / 2015

Transaction ID : 22791481

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

1500.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
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 Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. David W Anderson

Mailing Address 1059 Rockford Township Drive SW

City	State	Zip Code
Marietta	GA	30064-4673

FEC ID number of contributing federal political committee.

C

Name of Employer

WellStar Health System

Occupation

Executive Vice President and Chief Com

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	02	/	2015

Transaction ID : 22791490

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Scott Ansele

Mailing Address 614 Lakeside Drive

City	State	Zip Code
Aiken	SC	29803-7530

FEC ID number of contributing federal political committee.

C

Name of Employer

University Health Care System

Occupation

VP Professional and Support Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	02	/	2015

Transaction ID : 22791491

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Mr. David L Castleberry FACHE

Mailing Address P O Box 1059

City	State	Zip Code
Thomaston	GA	30286-0027

FEC ID number of contributing federal political committee.

C

Name of Employer

Upton Regional Medical Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	02	/	2015

Transaction ID : 22791496

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ▶

1000.00

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Kay A Floyd RN, MBA

Mailing Address P O Box 1068

City

Forsyth

State

GA

Zip Code

31029-1068

FEC ID number of contributing
federal political committee.

C

Name of Employer

Monroe County Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

11 / 02 / 2015

Transaction ID : 22791501

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mr. Steven Gautney

Mailing Address 902 North Seventh Street

City

Cordele

State

GA

Zip Code

31015-3234

FEC ID number of contributing
federal political committee.

C

Name of Employer

Crisp Regional Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 02 / 2015

Transaction ID : 22791503

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mr. Paul P Hinchey

Mailing Address 5353 Reynolds Street

City

Savannah

State

GA

Zip Code

31405-6015

FEC ID number of contributing
federal political committee.

C

Name of Employer

Candler Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 02 / 2015

Transaction ID : 22791507

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1250.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 13 OF 98
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Gregory A Hurst

Mailing Address 2001 Peachtree Road NE, Suite 400

City	State	Zip Code
Atlanta	GA	30309-1476

FEC ID number of contributing
federal political committee.

C

Name of Employer

Piedmont Healthcare

Occupation

President Finance and Development

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	02	/	2015

Transaction ID : 22791509

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mr. Kem Mullins FACHE

Mailing Address 3950 Austell Road

City	State	Zip Code
Austell	GA	30106-1121

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellStar Cobb Hospital

Occupation

Senior Vice President and Hospital Pre

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	02	/	2015

Transaction ID : 22791521

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. Brandon Reese

Mailing Address 1116 Lindridge Drive NE

City	State	Zip Code
Atlanta	GA	30324-3708

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellStar Health System

Occupation

Executive Director of Government Relat

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	02	/	2015

Transaction ID : 22791526

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

1000.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Earl V Rogers

Mailing Address 1155 Clarendon Drive

City	State	Zip Code
Marietta	GA	30068-2162

FEC ID number of contributing
federal political committee.

C

Name of Employer

Georgia Hospital Association

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1550.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	02	/	2015

Transaction ID : 22791527

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

B. Mr. Randy Sauls

Mailing Address P O Box 1727

City	State	Zip Code
Valdosta	GA	31603-1727

FEC ID number of contributing
federal political committee.

C

Name of Employer

South Georgia Medical Center

Occupation

Chief Executive Officer and Administra

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	02	/	2015

Transaction ID : 22791529

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Ms. Candice Saunders

Mailing Address 677 Church Street

City	State	Zip Code
Marietta	GA	30060-1101

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellStar Health System

Occupation

President and Chief Operating Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	02	/	2015

Transaction ID : 22791530

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

1350.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 OF 98

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Laurie Ott Smith

Mailing Address 475 Cambridge Way

City State Zip Code
 Martinez GA 30907-8943

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 University Hospital Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 02 2015

Transaction ID : 22791533

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Ms. Cindy R Turner

Mailing Address P O Drawer 1987

City State Zip Code
 Alma GA 31510-0987

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 Bacon County Hospital and Health Syste Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 02 2015

Transaction ID : 22791535

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Mr. Philip R Wolfe

Mailing Address P O Box 348

City State Zip Code
 Lawrenceville GA 30046-0348

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 Gwinnett Hospital System President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 02 2015

Transaction ID : 22791537

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1050.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

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 (check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Deborah Istas

Mailing Address 1209 N 101st Cir

City

Omaha

State

NE

Zip Code

68114-2116

FEC ID number of contributing
federal political committee.

C

Name of Employer

Nebraska Medicine - Nebraska Medical C

Occupation

Executive Director

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11			05			2015					

Transaction ID : 22791548

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Jason Petik FACHE

Mailing Address 645 Osage Street

City

Sidney

State

NE

Zip Code

69162-1714

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sidney Regional Medical Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11			05			2015					

Transaction ID : 22791552

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

C. Mr. Paul Richard

Mailing Address 801 Broadway North

City

Fargo

State

ND

Zip Code

58122-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sanford Medical Center Fargo

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

660.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11			03			2015					

Transaction ID : 22791558

Amount of Each Receipt this Period

660.00

SUBTOTAL of Receipts This Page (optional)..... ►

985.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Dr. Craig Lambrecht MD

Mailing Address P O Box 5525

City
Bismarck

State
ND

Zip Code
58506-5525

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sanford Bismarck

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

11 / 03 / 2015

Transaction ID : 22791560

Amount of Each Receipt this Period

330.00

Full Name (Last, First, Middle Initial)

B. Mr. Keith Perry

Mailing Address 2258 Sewell Lane, SW

City

Roanoke

State

VA

Zip Code

24015-3734

FEC ID number of contributing
federal political committee.

C

Name of Employer

Carilion Clinic

Occupation

Vice President & CIO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

11 / 03 / 2015

Transaction ID : 22791574

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

C. Mr. Rob Vaughan

Mailing Address 147 Bogey Lane

City

Salem

State

VA

Zip Code

24153-6858

FEC ID number of contributing
federal political committee.

C

Name of Employer

Carilion New River Valley Medical Cent

Occupation

Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

11 / 03 / 2015

Transaction ID : 22791576

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1030.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Dr. Alice Ackerman MD

Mailing Address 3905 Piney Ridge Road

City State Zip Code
 Roanoke VA 24018-9379

FEC ID number of contributing
federal political committee.

C

Name of Employer

Carilion Clinic

Occupation

Department Chair

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 / 03 / 2015

Transaction ID : 22791599

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

B. Ms Audrey Douglas-Cooke

Mailing Address 1224 Wivenhoe Ct

City State Zip Code
 Virginia Beach VA 23454-3045

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sentara Healthcare

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 / 03 / 2015

Transaction ID : 22791600

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

C. Ms. Genemarie McGee RN, MS

Mailing Address 817 Redleafe Circle

City State Zip Code
 Chesapeake VA 23320-3216

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sentara Healthcare

Occupation

Chief Nursing Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 / 03 / 2015

Transaction ID : 22791601

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1050.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Melina Perdue

Mailing Address P O Box 5

City

Radford

State

VA

Zip Code

24143-0005

FEC ID number of contributing
federal political committee.

C

Name of Employer

Carilion New River Valley Medical Cent

Occupation

Interim Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 03 / 2015

Transaction ID : 22791602

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

B. Ms. Heather S Shepardson

Mailing Address 1355 S. Main Street

City

Rocky Mount

State

VA

Zip Code

24151-6200

FEC ID number of contributing
federal political committee.

C

Name of Employer

Carilion Clinic

Occupation

Director Human Resources

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 03 / 2015

Transaction ID : 22791603

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

C. Mr Ken Armstrong

Mailing Address 829 Moultrie Ct

City

Virginia Bch

State

VA

Zip Code

23455-4752

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sentara Healthcare

Occupation

Healthcare Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 03 / 2015

Transaction ID : 22792651

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1050.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. W Scott Burnette

Mailing Address P O Box 90

City

South Hill

State

VA

Zip Code

23970-0090

FEC ID number of contributing
federal political committee.

C

Name of Employer

VCU Community Memorial Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 03 / 2015

Transaction ID : 22792652

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mr. Robert Firestone

Mailing Address 3513 Chlpada Ct

City

Chesapeake

State

VA

Zip Code

23321-4416

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sentara Healthcare

Occupation

Vice President of Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

11 / 03 / 2015

Transaction ID : 22792653

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

C. Mrs. Donna S Hahn RN, MSN, N

Mailing Address 240 Fallon St

City

Staunton

State

VA

Zip Code

24401

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sentara RMH Medical Center

Occupation

Vice President Acute Care and Chief Nu

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

11 / 03 / 2015

Transaction ID : 22792654

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1200.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Dennis Barts

Mailing Address 100 Health Park Drive

City State Zip Code
Louisville CO 80027-9583

FEC ID number of contributing
federal political committee.

C

Name of Employer
Avista Adventist Hospital

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 03 / 2015

Transaction ID : 22793706

Amount of Each Receipt this Period

175.00

Full Name (Last, First, Middle Initial)

B. Ms. Kris Ordelheide

Mailing Address 1338 Phay Avenue

City State Zip Code
Canon City CO 81212-2302

FEC ID number of contributing
federal political committee.

C

Name of Employer
Littleton Adventist Hospital

Occupation
Vice President and General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 03 / 2015

Transaction ID : 22793710

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. Richard M Ash

Mailing Address 450 Eastvold Avenue

City State Zip Code
Ortonville MN 56278-1252

FEC ID number of contributing
federal political committee.

C

Name of Employer
United Hospital District

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

437.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 06 / 2015

Transaction ID : 22794243

Amount of Each Receipt this Period

42.50

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

467.50

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Jon D Braband FACHE

Mailing Address 1805 Hennepin Avenue North

City State Zip Code
 Glencoe MN 55336-1416

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Glencoe Regional Health Services

Occupation
 President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

277.50

Date of Receipt

11 / 06 / 2015

Transaction ID : 22794244

Amount of Each Receipt this Period

175.00

Full Name (Last, First, Middle Initial)

B. Dr Daniel Nikceвич

Mailing Address 502 East Second Street

City State Zip Code
 Duluth MN 55805-1913

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Essentia Health

Occupation
 President and Chief Medical Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 06 / 2015

Transaction ID : 22794257

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Ms. Lori Sisk RN, MHA

Mailing Address 701 Third Avenue South

City State Zip Code
 Clear Lake SD 57226-2016

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Sanford Canby Medical Center

Occupation
 Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.25

Date of Receipt

11 / 06 / 2015

Transaction ID : 22794260

Amount of Each Receipt this Period

175.00

SUBTOTAL of Receipts This Page (optional)..... ►

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600.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Fredrick K Slunecka

Mailing Address 7200 S Burleigh Cir

City State Zip Code
Sioux Falls SD 57108-5721

FEC ID number of contributing
federal political committee.

C

Name of Employer

Avera Health

Occupation

Chief Operating Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

11 / 06 / 2015

Transaction ID : 22794261

Amount of Each Receipt this Period

175.00

Full Name (Last, First, Middle Initial)

B. Ms. Syd Bersante RN

Mailing Address P O Box 2197

City State Zip Code
Tacoma WA 98401-2197

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. Joseph Medical Center

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

11 / 02 / 2015

Transaction ID : 22794385

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Mr. Richard A Bryan MSN, RN, C

Mailing Address 2545 126th Avenue NE

City State Zip Code
Bellevue WA 98005-1547

FEC ID number of contributing
federal political committee.

C

Name of Employer

Overlake Medical Center

Occupation

Vice President, Clinical Integration,

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 02 / 2015

Transaction ID : 22794386

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

675.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr David Butcherite

Mailing Address 16403 135th Avenue East

City

Puyallup

State

WA

Zip Code

98374-9230

FEC ID number of contributing
federal political committee.

C

Name of Employer

CHI Franciscan Health System

Occupation

Vice President, Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 02 / 2015

Transaction ID : 22794387

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Al DeYoung

Mailing Address 14323 155th Ave NE

City

Woodinville

State

WA

Zip Code

98072-9073

FEC ID number of contributing
federal political committee.

C

Name of Employer

EvergreenHealth

Occupation

Board Trustee

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 02 / 2015

Transaction ID : 22794388

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr John Hall

Mailing Address 3514 Shorecliff Drive NE

City

Tacoma

State

WA

Zip Code

98422-2306

FEC ID number of contributing
federal political committee.

C

Name of Employer

MultiCare Health System

Occupation

Board of Directors

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 02 / 2015

Transaction ID : 22794389

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Dianna L. KielianMailing Address 1145 Broadway Plaza
Suite 1200, MS 07-00

City	State	Zip Code
Tacoma	WA	98402-3583

FEC ID number of contributing
federal political committee.

C

Name of Employer

Franciscan Health System

Occupation

Senior Vice President, Mission

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	02	/	2015

Transaction ID : 22794390

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr Dean Martz

Mailing Address 1312 East Overbluff Rd

City	State	Zip Code
Spokane	WA	99203-3455

FEC ID number of contributing
federal political committee.

C

Name of Employer

Providence Sacred Heart Medical Center

Occupation

Director, Governing Board

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	02	/	2015

Transaction ID : 22794391

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mrs. Anne McBride

Mailing Address 16251 Sylvester Road SW

City	State	Zip Code
Burien	WA	98166-3017

FEC ID number of contributing
federal political committee.

C

Name of Employer

Regional Hospital for Respiratory and

Occupation

Executive Vice President and Chief Fin

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	02	/	2015

Transaction ID : 22794392

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 26 OF 98
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Sharon Royne

Mailing Address 1717 S J St

City	State	Zip Code
Tacoma	WA	98405-4933

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. Joseph Medical Center

Occupation

Interim Senior Vice President Human Re

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	02	/	2015

Transaction ID : 22794393

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Lucas Xitco

Mailing Address P.O. Box 1397

City	State	Zip Code
Tacoma	WA	98401-1397

FEC ID number of contributing
federal political committee.

C

Name of Employer

MultiCare Health System

Occupation

Board Member

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	02	/	2015

Transaction ID : 22794394

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Dr. Gary Kaplan MD, FACP,

Mailing Address P O Box 900

City	State	Zip Code
Seattle	WA	98111-0900

FEC ID number of contributing
federal political committee.

C

Name of Employer

Virginia Mason Medical Center

Occupation

Chairman and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	02	/	2015

Transaction ID : 22794395

Amount of Each Receipt this Period

750.00

SUBTOTAL of Receipts This Page (optional)..... ►

1250.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Eric Ammons

Mailing Address 3313 Crystal Lake Drive

City State Zip Code
 Festus MO 63028-4274

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Mercy Hospital Jefferson

Occupation
 President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 02 / 2015

Transaction ID : 22799586

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Ms. Connie Beemer

Mailing Address 1049 West Fifth Avenue Suite 100

City State Zip Code
 Anchorage AK 99501-1965

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Alaska State Hospital and Nursing Home

Occupation
 Program Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

11 / 19 / 2015

Transaction ID : 22802931

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

C. Ms. Mary C. Becker

Mailing Address 7800 South Eagle Road

City State Zip Code
 Columbia MO 65203-9017

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Missouri Hospital Association

Occupation
 Senior VP, Commc. & Health Improvement

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

11 / 04 / 2015

Transaction ID : 22803488

Amount of Each Receipt this Period

46.84

SUBTOTAL of Receipts This Page (optional)..... ►

646.84

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 28 OF 98
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Jane C. Drummond

Mailing Address 3700 Chatham Drive

City	State	Zip Code
Columbia	MO	65203-5640

FEC ID number of contributing
federal political committee.

C

Name of Employer

Missouri Hospital Association

Occupation

General Counsel & V.P. of Legal Affair

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		04		2015

Transaction ID : 22803492

Amount of Each Receipt this Period

31.25

Full Name (Last, First, Middle Initial)

B. Mr. Herb B Kuhn

Mailing Address P O Box 60

City	State	Zip Code
Jefferson City	MO	65102-0060

FEC ID number of contributing
federal political committee.

C

Name of Employer

Missouri Hospital Association

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		04		2015

Transaction ID : 22803496

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

C. Ms. Leslie Porth

Mailing Address P.O. Box 1816

City	State	Zip Code
Lake Ozark	MO	65049-1816

FEC ID number of contributing
federal political committee.

C

Name of Employer

Missouri Hospital Association

Occupation

Vice President of Health Improvement

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		04		2015

Transaction ID : 22803499

Amount of Each Receipt this Period

31.25

SUBTOTAL of Receipts This Page (optional)..... ►

187.50

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Dr. Randall L. O'Donnell Ph.D.

Mailing Address 11305 Brookwood Avenue

City

Leawood

State

KS

Zip Code

66211-2920

FEC ID number of contributing
federal political committee.

C

Name of Employer

Children's Mercy Kansas City

Occupation

President & Chief Executive Officer

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

550.00

Date of Receipt

11 / 04 / 2015

Transaction ID : 22803507

Amount of Each Receipt this Period

550.00

Full Name (Last, First, Middle Initial)

B. Ms. Carolyn Salsgiver

Mailing Address P O Box 5000

City

Bridgeport

State

CT

Zip Code

06610-0120

FEC ID number of contributing
federal political committee.

C

Name of Employer

Bridgeport Hospital

Occupation

Senior Vice President Strategy and Bus

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

11 / 13 / 2015

Transaction ID : 22803508

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

c. Dr. Mary Reich Cooper MD JD

Mailing Address 110 Barnes Road

City

Wallingford

State

CT

Zip Code

06492-1802

FEC ID number of contributing
federal political committee.

C

Name of Employer

Connecticut Hospital Association

Occupation

Chief Quality Officer

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 09 / 2015

Transaction ID : 22803509

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2050.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Theresa J. Roark

Mailing Address 2644 Jennifer Drive

City

Jefferson City

State

MO

Zip Code

65101-3997

FEC ID number of contributing
federal political committee.

C

Name of Employer

Missouri Hospital Association

Occupation

Senior Vice President, Data & Informat

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

281.25

Date of Receipt

11 / 13 / 2015

Transaction ID : 22803549

Amount of Each Receipt this Period

93.75

Full Name (Last, First, Middle Initial)

B. Mr. Samuel E Moskowitz

Mailing Address 6 Hambleton Court

City

Pikesville

State

MD

Zip Code

21208-3309

FEC ID number of contributing
federal political committee.

C

Name of Employer

MedStar Franklin Square Medical Center

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

11 / 13 / 2015

Transaction ID : 22803568

Amount of Each Receipt this Period

204.00

Full Name (Last, First, Middle Initial)

C. Ms. Jennifer Jackson

Mailing Address P O Box 90

City

Wallingford

State

CT

Zip Code

06492-0090

FEC ID number of contributing
federal political committee.

C

Name of Employer

Connecticut Hospital Association

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

11 / 19 / 2015

Transaction ID : 22804564

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1297.75

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Larry Gray

Mailing Address 1 Trillium Way

City State Zip Code
 Corbin KY 40701-8727

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baptist Health Corbin

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 17 / 2015

Transaction ID : 22809111

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mr. Dennis B Johnson

Mailing Address 913 North Dixie Avenue

City State Zip Code
 Elizabethtown KY 42701-2503

FEC ID number of contributing
federal political committee.

C

Name of Employer

Hardin Memorial Hospital

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 17 / 2015

Transaction ID : 22809113

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mr. Scott McKinnon

Mailing Address 3073 White Mountain Highway

City State Zip Code
 North Conway NH 03860-7101

FEC ID number of contributing
federal political committee.

C

Name of Employer

Memorial Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 24 / 2015

Transaction ID : 22809139

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1500.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Rex VanMeter

Mailing Address 710 South 13th Street

City State Zip Code
Blackwell OK 74631-3700

FEC ID number of contributing
federal political committee.

C

Name of Employer
AllianceHealth Blackwell

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 16 / 2015

Transaction ID : 22809141

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Ms. Roberta Jeffrey

Mailing Address 100 McDougal Drive

City State Zip Code
Holdenville OK 74848-2822

FEC ID number of contributing
federal political committee.

C

Name of Employer
Holdenville General Hospital

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 16 / 2015

Transaction ID : 22809142

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Mr. George E Hayes FACHE

Mailing Address 1400 East Boulder Street

City State Zip Code
Colorado Springs CO 80909-5533

FEC ID number of contributing
federal political committee.

C

Name of Employer
Memorial Hospital

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

242.50

Date of Receipt

11 / 11 / 2015

Transaction ID : 22809151

Amount of Each Receipt this Period

67.50

SUBTOTAL of Receipts This Page (optional)..... ►

567.50

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mrs. Joyce Newmyer

Mailing Address 10123 SE Market Street

City

Portland

State

OR

Zip Code

97216-2532

FEC ID number of contributing
federal political committee.

C

Name of Employer

Adventist Medical Center-Portland

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 11 / 2015

Transaction ID : 22809162

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mr David Russell

Mailing Address 1470 SW 19 Ct

City

Gresham

State

OR

Zip Code

97080-9658

FEC ID number of contributing
federal political committee.

C

Name of Employer

Adventist Medical Center-Portland

Occupation

Vice President Business Development

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 11 / 2015

Transaction ID : 22809163

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mr Don Welch

Mailing Address 12438 SE 143rd Pl

City

Happy Valley

State

OR

Zip Code

97086-6547

FEC ID number of contributing
federal political committee.

C

Name of Employer

Adventist Medical Center-Portland

Occupation

Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

11 / 11 / 2015

Transaction ID : 22809164

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1350.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Patrick Hocking

Mailing Address 1562 Cypress Point Dr

City

Medford

State

OR

Zip Code

97504-9073

FEC ID number of contributing
federal political committee.

C

Name of Employer

Asante Health System

Occupation

Chief Administrator and Finance Office

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 11 / 2015

Transaction ID : 22809165

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Ms. Sheila Clough

Mailing Address 280 Maple Street

City

Ashland

State

OR

Zip Code

97520-1552

FEC ID number of contributing
federal political committee.

C

Name of Employer

Asante Ashland Community Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 11 / 2015

Transaction ID : 22809166

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mr. Randall L Mee MBA, FACHE

Mailing Address 170 Ford Road

City

John Day

State

OR

Zip Code

97845-2009

FEC ID number of contributing
federal political committee.

C

Name of Employer

Blue Mountain Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 11 / 2015

Transaction ID : 22809171

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1250.00

SCHEDULE A (FEC Form 3X)
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for each category of the
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms Cynthia Hill

Mailing Address 655 NE Royal Ct

City

Portland

State

OR

Zip Code

97232-2668

FEC ID number of contributing
federal political committee.

C

Name of Employer

Legacy Health

Occupation

Nurse Executive

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	11	/	2015

Transaction ID : 22809172

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

B. Dr. Michael May MD

Mailing Address 2855 NW Glenwood Drive

City

Corvallis

State

OR

Zip Code

97330-3137

FEC ID number of contributing
federal political committee.

C

Name of Employer

Samaritan Health Services

Occupation

Vice President, Medical Director

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	11	/	2015

Transaction ID : 22809173

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mr. Joseph Sluka

Mailing Address 2500 NE Neff Road

City

Bend

State

OR

Zip Code

97701-6015

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. Charles Health System, Inc.

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	11	/	2015

Transaction ID : 22809174

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

1350.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Peter A Hofstetter

Mailing Address 2700 SE Stratus Avenue

City State Zip Code
 McMinnville OR 97128-6255

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Willamette Valley Medical Center

Occupation
 Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

11 / 11 / 2015

Transaction ID : 22809175

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

B. Mrs. Joyce Newmyer

Mailing Address 10123 SE Market Street

City State Zip Code
 Portland OR 97216-2532

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Adventist Medical Center-Portland

Occupation
 President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

11 / 16 / 2015

Transaction ID : 22809205

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Ms. Elizabeth Dunne

Mailing Address 3650 Cliffside Dr

City State Zip Code
 Rancho Palos Verdes CA 90275-6228

FEC ID number of contributing
federal political committee.

C

Name of Employer

PeaceHealth

Occupation
 Chief Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

11 / 16 / 2015

Transaction ID : 22809206

Amount of Each Receipt this Period

750.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1350.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
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<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Belinda Brown Cooper

Mailing Address 121 Clear Creek Road

City

Langhorne

State

PA

Zip Code

19047-2306

FEC ID number of contributing
federal political committee.

C

Name of Employer

New Jersey Hospital Association

Occupation

Vice President, Human Resources

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

299.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	13	/	2015

Transaction ID : 22809221

Amount of Each Receipt this Period

6.50

Full Name (Last, First, Middle Initial)

B. Ms. Theresa L. Edelstein

Mailing Address 27 Harvest Lane

City

Livingston

State

NJ

Zip Code

07039-2750

FEC ID number of contributing
federal political committee.

C

Name of Employer

New Jersey Hospital Association

Occupation

Vice President Continuing Care Service

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

301.60

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	13	/	2015

Transaction ID : 22809227

Amount of Each Receipt this Period

6.50

Full Name (Last, First, Middle Initial)

C. Mr. Warren Geller

Mailing Address 350 Engle Street

City

Englewood

State

NJ

Zip Code

07631-1808

FEC ID number of contributing
federal political committee.

C

Name of Employer

Englewood Hospital and Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

975.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	13	/	2015

Transaction ID : 22809230

Amount of Each Receipt this Period

975.00

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

988.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Michael Guerriero

Mailing Address 760 Alexander Road

City
Princeton

State
NJ

Zip Code
08540-6305

FEC ID number of contributing
federal political committee.

C

Name of Employer

New Jersey Hospital Association

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

389.35

Date of Receipt

11 / 13 / 2015

Transaction ID : 22809231

Amount of Each Receipt this Period

6.50

Full Name (Last, First, Middle Initial)

B. Mr. David P. Lavins

Mailing Address 10 Fox Chase Road

City
Malvern

State
PA

Zip Code
19355-3441

FEC ID number of contributing
federal political committee.

C

Name of Employer

New Jersey Hospital Association

Occupation

Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

547.30

Date of Receipt

11 / 13 / 2015

Transaction ID : 22809235

Amount of Each Receipt this Period

6.50

Full Name (Last, First, Middle Initial)

c. Dr. William F Oser M.D. JD

Mailing Address 5 Morningside Drive

City
Verona

State
NJ

Zip Code
07044-1421

FEC ID number of contributing
federal political committee.

C

Name of Employer

JFK Health

Occupation

Senior Vice President and Chief Medical Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

11 / 13 / 2015

Transaction ID : 22809241

Amount of Each Receipt this Period

325.00

SUBTOTAL of Receipts This Page (optional)..... ►

338.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Roger D. Sarao Jr.

Mailing Address 4 Poppy Lane

City

Howell

State

NJ

Zip Code

07731-1451

FEC ID number of contributing
federal political committee.

C

Name of Employer

New Jersey Hospital Association

Occupation

VP Health Economics

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

266.50

Date of Receipt

11 / 13 / 2015

Transaction ID : 22809243

Amount of Each Receipt this Period

6.50

Full Name (Last, First, Middle Initial)

B. Mr. John Slotman

Mailing Address 760 Alexander Road

City

Princeton

State

NJ

Zip Code

08540-6305

FEC ID number of contributing
federal political committee.

C

Name of Employer

New Jersey Hospital Association

Occupation

VP, GME and Teaching Hospital Issues

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

512.19

Date of Receipt

11 / 13 / 2015

Transaction ID : 22809244

Amount of Each Receipt this Period

6.50

Full Name (Last, First, Middle Initial)

C. Ms Catherine Wack

Mailing Address 1203 Sophia St

City

Fredericksburg

State

VA

Zip Code

22401-3739

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mary Washington Healthcare

Occupation

Trustee

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

11 / 20 / 2015

Transaction ID : 22809252

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

363.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Kathy A. Bizarro FACHE

Mailing Address 544 Upper Straw Rd

City
Hopkinton

State
NH

Zip Code
03229-2023

FEC ID number of contributing
federal political committee.

C

Name of Employer

New Hampshire Hospital Association

Occupation

Executive Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 24 / 2015

Transaction ID : 22809254

Amount of Each Receipt this Period

45.00

Full Name (Last, First, Middle Initial)

B. Mr. Stephen M. Ahnen

Mailing Address 125 Airport Road

City
Concord

State
NH

Zip Code
03301-7300

FEC ID number of contributing
federal political committee.

C

Name of Employer

New Hampshire Hospital Association

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

11 / 24 / 2015

Transaction ID : 22809255

Amount of Each Receipt this Period

90.00

Full Name (Last, First, Middle Initial)

C. Ms. Paula Minnehan

Mailing Address 283 Gallopin Hill Road

City
Hopkinton

State
NH

Zip Code
03229-3402

FEC ID number of contributing
federal political committee.

C

Name of Employer

New Hampshire Hospital Association

Occupation

V.P., Finance and Rural Hospitals

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

11 / 24 / 2015

Transaction ID : 22809256

Amount of Each Receipt this Period

16.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

151.00

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Meghan Allen

Mailing Address 425 L. Street, N.W.

City

Washington

State

DC

Zip Code

20001-2515

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maryland Hospital Association

Occupation

Senior Vice President, Operations

Receipt For:

☐
☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

 M M / D D / Y Y Y Y Y
 11 / 23 / 2015

Transaction ID : 22809261

Amount of Each Receipt this Period

510.00

Full Name (Last, First, Middle Initial)

B. Mr. Steven Coyle

Mailing Address 2902 South Lake Dr.

City

Davidsonville

State

MD

Zip Code

21035-1300

FEC ID number of contributing
federal political committee.

C

Name of Employer

NASA

Occupation

Engineer

Receipt For:

☐
☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

 M M / D D / Y Y Y Y Y
 11 / 23 / 2015

Transaction ID : 22809262

Amount of Each Receipt this Period

510.00

Full Name (Last, First, Middle Initial)

C. Mr. Thomas A. Kleinhanzl

Mailing Address 4306 Saratoga Springs Court

City

Middletown

State

MD

Zip Code

21769-8110

FEC ID number of contributing
federal political committee.

C

Name of Employer

Frederick Memorial Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐
☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

 M M / D D / Y Y Y Y Y
 11 / 23 / 2015

Transaction ID : 22809265

Amount of Each Receipt this Period

255.00

SUBTOTAL of Receipts This Page (optional)..... ►

1275.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Chad R. Austin

Mailing Address 6518 SW 26th Court

City

Topeka

State

KS

Zip Code

66614-4305

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kansas Hospital Association

Occupation

Sr. Vice President, Government Relatio

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

557.67

Date of Receipt

11 / 24 / 2015

Transaction ID : 22809283

Amount of Each Receipt this Period

115.38

Full Name (Last, First, Middle Initial)

B. Ms. Audrey Dunkel

Mailing Address 215 SE 8th Street

City

Topeka

State

KS

Zip Code

66603-3906

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kansas Hospital Association

Occupation

Director of Financial Advocacy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.88

Date of Receipt

11 / 24 / 2015

Transaction ID : 22809284

Amount of Each Receipt this Period

65.22

Full Name (Last, First, Middle Initial)

C. Ms. Jan Fenwick

Mailing Address 1020 SW Red Oaks Place

City

Topeka

State

KS

Zip Code

66615-1241

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kansas Hospital Association

Occupation

Sr. Program Manager Communications

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 24 / 2015

Transaction ID : 22809285

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

380.60

SCHEDULE A (FEC Form 3X)
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Jon Jackson

Mailing Address 8000 Tomahawk Road

City

Prairie Village

State

KS

Zip Code

66208-4845

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Kansas Hospital, The

Occupation

Sr. VP, Chief Administrative Officer

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11			24			2015					

Transaction ID : 22809288

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Lee A NormanMailing Address 210 W 5th St
#205

City

Kansas City

State

MO

Zip Code

64105-1166

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Kansas Hospital, The

Occupation

Chief Medical Officer

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11			24			2015					

Transaction ID : 22809289

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Ms. Carolyn SandersMailing Address 12401 E. 17th Ave
MSF417

City

Aurora

State

CO

Zip Code

80045-2548

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Colorado Hospital

Occupation

Chief Nursing Officer

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11			24			2015					

Transaction ID : 22809366

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Dr. Jean Kutner MD

Mailing Address 12605 East 16th Avenue

City

Aurora

State

CO

Zip Code

80045-2545

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Colorado Hospital

Occupation

Chief Medical Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 24 / 2015

Transaction ID : 22809367

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr Andrew Bair

Mailing Address 2712 Ambrosia Ct

City

Apopka

State

FL

Zip Code

32703-7728

FEC ID number of contributing
federal political committee.

C

Name of Employer

Winter Park Memorial Hospital

Occupation

Hospital Assistant Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 23 / 2015

Transaction ID : 22809379

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. Philip Boyce

Mailing Address 3563 Phillips Highway
Suite 101

City

Jacksonville

State

FL

Zip Code

32207-5663

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baptist Health

Occupation

Senior Vice President Managed Care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 23 / 2015

Transaction ID : 22809380

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Frances H Crunk

Mailing Address 2880 David Walker Dr #333

City State Zip Code
Eustis FL 32726-6172

FEC ID number of contributing
federal political committee.

C

Name of Employer
Florida Hospital Waterman

Occupation
Vice President and Chief Financial Off

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 23 / 2015

Transaction ID : 22809383

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr Michael Griffin

Mailing Address 9 NE Ivanhoe Blvd

City State Zip Code
Orlando FL 32804-5953

FEC ID number of contributing
federal political committee.

C

Name of Employer
Florida Hospital

Occupation
Vice President, Public Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 23 / 2015

Transaction ID : 22809384

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Mr. Lars D Houmann

Mailing Address 601 East Rollins Street

City State Zip Code
Orlando FL 32803-1248

FEC ID number of contributing
federal political committee.

C

Name of Employer
Florida Hospital

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 23 / 2015

Transaction ID : 22809385

Amount of Each Receipt this Period

1500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Dr. Donald L Jernigan PhD

Mailing Address 900 Hope Way

City State Zip Code
 Altamonte Springs FL 32714-1502

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Adventist Health System Sunbelt Health

Occupation
 President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 23 / 2015

Transaction ID : 22809388

Amount of Each Receipt this Period

1500.00

Full Name (Last, First, Middle Initial)

B. Ms Lynn Kirman

Mailing Address 1005 Juliette Blvd

City State Zip Code
 Mount Dora FL 32757-6501

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Florida Hospital Waterman

Occupation
 Vice President, CNO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 23 / 2015

Transaction ID : 22809389

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mr. Lewis Seifert

Mailing Address 4029 Coolwater Court

City State Zip Code
 Winter Park FL 32792-8901

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Florida Hospital

Occupation
 Administrator, Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 23 / 2015

Transaction ID : 22809391

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Terry Shaw

Mailing Address 111 North Orlando Avenue

City

Fort Worth

State

FL

Zip Code

32789-3675

FEC ID number of contributing
federal political committee.

C

Name of Employer

Adventist Health System Sunbelt Health

Occupation

Chief Financial Officer and Chief Oper

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

11 / 23 / 2015

Transaction ID : 22809392

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Ms. Eddie Soler

Mailing Address 250 Kentucky blue Circle

City

Apopka

State

FL

Zip Code

32712-4767

FEC ID number of contributing
federal political committee.

C

Name of Employer

Florida Hospital

Occupation

Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

11 / 23 / 2015

Transaction ID : 22809393

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. Mr. Daniel R. Landon

Mailing Address 1811 Forest Park Court

City

Jefferson City

State

MO

Zip Code

65109-9782

FEC ID number of contributing
federal political committee.

C

Name of Employer

Missouri Hospital Association

Occupation

Sr. Vice President, Governmental Relat

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

11 / 04 / 2015

Transaction ID : 22809431

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1425.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Nick DeJong

Mailing Address 946 Amsterdam Ave NE

City State Zip Code
 Atlanta GA 30306-3406

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Blue Cross and Blue Shield of GA, Inc.

Occupation
 Trustee

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

11 / 02 / 2015

Transaction ID : 22809436

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

B. Mr. Adam Beder

Mailing Address 80 Westcott Road

City State Zip Code
 Hillsborough NJ 08844-3444

FEC ID number of contributing
federal political committee.

C

Name of Employer
 JFK Health

Occupation
 Vice President Government Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

227.50

Date of Receipt

11 / 27 / 2015

Transaction ID : 22826694

Amount of Each Receipt this Period

227.50

Full Name (Last, First, Middle Initial)

c. Mr. Joseph A. Carr

Mailing Address 2378 Orchard Crest Blvd.

City State Zip Code
 Manasquan NJ 08736-4001

FEC ID number of contributing
federal political committee.

C

Name of Employer
 New Jersey Hospital Association

Occupation
 Chief Information Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.00

Date of Receipt

11 / 27 / 2015

Transaction ID : 22826698

Amount of Each Receipt this Period

162.50

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1140.00

SCHEDULE A (FEC Form 3X)
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for each category of the
Detailed Summary PageFOR LINE NUMBER:
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Belinda Brown Cooper

Mailing Address 121 Clear Creek Road

City

Langhorne

State

PA

Zip Code

19047-2306

FEC ID number of contributing
federal political committee.

C

Name of Employer

New Jersey Hospital Association

Occupation

Vice President, Human Resources

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

305.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	27	/	2015

Transaction ID : 22826701

Amount of Each Receipt this Period

6.50

Full Name (Last, First, Middle Initial)

B. Ms. Theresa L. Edelstein

Mailing Address 27 Harvest Lane

City

Livingston

State

NJ

Zip Code

07039-2750

FEC ID number of contributing
federal political committee.

C

Name of Employer

New Jersey Hospital Association

Occupation

Vice President Continuing Care Service

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

321.10

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	27	/	2015

Transaction ID : 22826707

Amount of Each Receipt this Period

19.50

Full Name (Last, First, Middle Initial)

C. Mr. Scott Gebhard

Mailing Address 328 Fisk Avenue

City

Brielle

State

NJ

Zip Code

08730-2010

FEC ID number of contributing
federal political committee.

C

Name of Employer

JFK Health

Occupation

Executive VP and Chief Operating Officer

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	27	/	2015

Transaction ID : 22826712

Amount of Each Receipt this Period

325.00

SUBTOTAL of Receipts This Page (optional)..... ►

351.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 50 OF 98
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Michael Guerriero

Mailing Address 760 Alexander Road

City
PrincetonState
NJZip Code
08540-6305FEC ID number of contributing
federal political committee.

C

Name of Employer

New Jersey Hospital Association

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

422.50

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11			27			2015					

Transaction ID : 22826714

Amount of Each Receipt this Period

33.15

Full Name (Last, First, Middle Initial)

B. Mr. David P. Lavins

Mailing Address 10 Fox Chase Road

City

Malvern

State

PA

Zip Code

19355-3441

FEC ID number of contributing
federal political committee.

C

Name of Employer

New Jersey Hospital Association

Occupation

Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

553.80

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11			27			2015					

Transaction ID : 22826719

Amount of Each Receipt this Period

6.50

Full Name (Last, First, Middle Initial)

C. Ms. Kerry A. McKean-Kelly

Mailing Address 40 Imlaystown Road

City

East Windsor

State

NJ

Zip Code

08520-6209

FEC ID number of contributing
federal political committee.

C

Name of Employer

New Jersey Hospital Association

Occupation

Assistant Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

253.50

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11			27			2015					

Transaction ID : 22826723

Amount of Each Receipt this Period

104.00

SUBTOTAL of Receipts This Page (optional)..... ►

143.65

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 51 OF 98
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Patrick Nolan

Mailing Address 228 Hopkins Road

City	State	Zip Code
Mickleton	NJ	08056-1270

FEC ID number of contributing
federal political committee.

C

Name of Employer

Inspira Health Network

Occupation

COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	27	/	2015

Transaction ID : 22826726

Amount of Each Receipt this Period

325.00

Full Name (Last, First, Middle Initial)

B. Mr. Roger D. Sarao Jr.

Mailing Address 4 Poppy Lane

City	State	Zip Code
Howell	NJ	07731-1451

FEC ID number of contributing
federal political committee.

C

Name of Employer

New Jersey Hospital Association

Occupation

VP Health Economics

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

286.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	27	/	2015

Transaction ID : 22826730

Amount of Each Receipt this Period

19.50

Full Name (Last, First, Middle Initial)

C. Mr. John Slotman

Mailing Address 760 Alexander Road

City	State	Zip Code
Princeton	NJ	08540-6305

FEC ID number of contributing
federal political committee.

C

Name of Employer

New Jersey Hospital Association

Occupation

VP, GME and Teaching Hospital Issues

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

558.99

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	27	/	2015

Transaction ID : 22826733

Amount of Each Receipt this Period

46.80

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

391.30

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Stephen Zieniewicz

Mailing Address 2201 Murray Court

City State Zip Code
 Livingston NJ 07039-2305

FEC ID number of contributing
federal political committee.

C

Name of Employer

Barnabas Health

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 / 27 / 2015

Transaction ID : 22826745

Amount of Each Receipt this Period

325.00

Full Name (Last, First, Middle Initial)

B. Mr. Patrick Charnel

Mailing Address 130 Division Street

City State Zip Code
 Derby CT 06418-1326

FEC ID number of contributing
federal political committee.

C

Name of Employer

Griffin Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 / 25 / 2015

Transaction ID : 22826788

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mr. Richard M Ash

Mailing Address 450 Eastvold Avenue

City State Zip Code
 Ortonville MN 56278-1252

FEC ID number of contributing
federal political committee.

C

Name of Employer

United Hospital District

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 / 30 / 2015

Transaction ID : 22826989

Amount of Each Receipt this Period

42.50

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

867.50

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Bradley Beard

Mailing Address 6401 France Avenue South

City State Zip Code
 Edina MN 55435-2104

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Fairview Southdale Hospital

Occupation
 President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

920.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 30 2015

Transaction ID : 22826992

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. Mr. James Garvey

Mailing Address 407 East Third Street

City State Zip Code
 Duluth MN 55805-1984

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Essentia Health St. Mary's Medical Cen

Occupation
 Executive Vice President, Operations a

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 30 2015

Transaction ID : 22826994

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Dr. Kathryn Lombardo MD

Mailing Address 210 Ninth Street SE

City State Zip Code
 Rochester MN 55904-6756

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Olmsted Medical Center

Occupation
 President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 30 2015

Transaction ID : 22826997

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

700.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Mary B Maertens FACHE

Mailing Address 300 South Bruce Street

City

Marshall

State

MN

Zip Code

56258-3901

FEC ID number of contributing
federal political committee.

C

Name of Employer

Avera Marshall Regional Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

645.00

Date of Receipt

11 / 30 / 2015

Transaction ID : 22826999

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Stephen J LeBlanc

Mailing Address One Medical Center Drive

City

Lebanon

State

NH

Zip Code

03756-1000

FEC ID number of contributing
federal political committee.

C

Name of Employer

Dartmouth-Hitchcock Medical Center

Occupation

Chief Operating Officer

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 30 / 2015

Transaction ID : 22828183

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Jeffrey T Corrigan

Mailing Address 22 Scovill Rd

City

Walpole

State

NH

Zip Code

03608-5037

FEC ID number of contributing
federal political committee.

C

Name of Employer

Brattleboro Retreat

Occupation

Vice President Human Resources

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

50.00

Date of Receipt

11 / 30 / 2015

Transaction ID : 22871123

Amount of Each Receipt this Period

0.00

[MEMO ITEM]

Refund(s) on Schedule B Totalling \$50.00 This changes the YTD Total to \$50.00

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 55 OF 98

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Melinda Reid Hatton

Mailing Address 800 10th Street, NW

Two CityCenter, Suite 400

City

Washington

State

DC

Zip Code

20001-5188

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Senior Vice President & General Course

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

923.28

Date of Receipt

11 / 30 / 2015

Transaction ID : PR1045726236432

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Ms. Sarah B. Macchiarola

Mailing Address 800 10th Street, NW

Two CityCenter, Suite 400

City

Washington

State

DC

Zip Code

20001-5188

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Senior Associate Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

323.28

Date of Receipt

11 / 30 / 2015

Transaction ID : PR1082532736432

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Ms. Barbara Jellen

Mailing Address 206 N Royal St

City

Alexandria

State

VA

Zip Code

22314-2627

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Section Director, Constituency Section

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

323.28

Date of Receipt

11 / 30 / 2015

Transaction ID : PR1113464236432

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

130.82

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 56 OF 98

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Lisa Allen

Mailing Address One North Franklin

City State Zip Code
 Chicago IL 60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 American Hospital Association-Chicago Sr. Vice President, Chief Human Resour

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

323.28

Date of Receipt

11 / 30 / 2015

Transaction ID : PR1118928236432

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Mr. Dale A Kirby

Mailing Address P O Box 331

City State Zip Code
 Colusa CA 95932-0331

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 American Hospital Association-Chicago Regional Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

923.28

Date of Receipt

11 / 30 / 2015

Transaction ID : PR1125892336432

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Ms. Mary Meadows

Mailing Address 155 North Wacker Drive

City State Zip Code
 Chicago IL 60606-1787

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 American Hospital Association-Chicago Director of Professional Practice, AON

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

323.28

Date of Receipt

11 / 30 / 2015

Transaction ID : PR1260472936432

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

130.82

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 57 OF 98
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Jack A. Mackay

Mailing Address One North Franklin

City State Zip Code
 Chicago IL 60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer
 American Hospital Association-Chicago

Occupation
 Vice President & CIO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.76

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 / 30 / 2015

Transaction ID : PR1347703636432

Amount of Each Receipt this Period

38.48

P/R Deduction (\$19.24 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Ms. Susan Gergely MBA

Mailing Address 155 North Wacker Drive

City State Zip Code
 Chicago IL 60606-1787

FEC ID number of contributing
federal political committee.

C

Name of Employer
 AONE

Occupation
 Chief Operating Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

323.28

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 / 30 / 2015

Transaction ID : PR1347791036432

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Ms. Heather Drevna

Mailing Address 3205 Ravensworth PL

City State Zip Code
 Alexandria VA 22302-2107

FEC ID number of contributing
federal political committee.

C

Name of Employer
 American Hospital Association-Washingt

Occupation
 Vice President, Advocacy and Member Co

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

323.28

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 / 30 / 2015

Transaction ID : PR1348169736432

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

92.36

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 58 OF 98
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Sharon Allen

Mailing Address 155 N. Wacker

City	State	Zip Code
Chicago	IL	60606-1787

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Senior Executive Director, Business Se

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

323.28

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			30			2015			

Transaction ID : PR1474886236432

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Mr. Mark Colucci

Mailing Address 1061 N Penny Ln

City	State	Zip Code
Palatine	IL	60067-1821

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

National Director Sponsorship and Unde

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.76

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			30			2015			

Transaction ID : PR1475133736432

Amount of Each Receipt this Period

38.48

P/R Deduction (\$19.24 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Ms. Fannie D. Wade

Mailing Address 7706 Heartwood Lane

City	State	Zip Code
Upper Marlboro	MD	20772-4323

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Executive Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

323.28

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			30			2015			

Transaction ID : PR1476385736432

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

92.36

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Monica D Day

Mailing Address 4301 Telfair Blvd
B219

City State Zip Code
Suitland MD 20746-4297

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Political Affairs Coordinator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

323.28

Date of Receipt

11 / 30 / 2015

Transaction ID : PR1516850636432

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Ms. Elisa Arespacochaga

Mailing Address One North Franklin

City State Zip Code
Chicago IL 60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Associate Director, Constituency Secti

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

323.28

Date of Receipt

11 / 30 / 2015

Transaction ID : PR1555656236432

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

c. Ms. Kathy Poole

Mailing Address One North Franklin

City State Zip Code
Chicago IL 60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Director, Governance Projects

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

323.28

Date of Receipt

11 / 30 / 2015

Transaction ID : PR1589439936432

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

80.82

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 60 OF 98
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Kimberly Baker

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Director Travel Meeting Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

323.28

Date of Receipt

11 / 30 / 2015

Transaction ID : PR1590809136432

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Mr. Michael Hrickiewicz

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Editor Health Facilities Management

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

313.31

Date of Receipt

11 / 30 / 2015

Transaction ID : PR1625366836432

Amount of Each Receipt this Period

36.86

P/R Deduction (\$18.43 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Mr. Bob Kehoe

Mailing Address 155 North Wacker Drive, Suite 400

City

Chicago

State

IL

Zip Code

60606-1719

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Executive Editor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

323.28

Date of Receipt

11 / 30 / 2015

Transaction ID : PR1625368336432

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

90.74

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 61 OF 98
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Bill Ladewski

Mailing Address One North Franklin

City State Zip Code
Chicago IL 60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Membership Associate, Center for Healt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

323.28

Date of Receipt

11 / 30 / 2015

Transaction ID : PR1625369136432

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Ms. Joan M. M Ryzner

Mailing Address One North Franklin

City State Zip Code
Chicago IL 60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Education Program Manager, HRET

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

323.28

Date of Receipt

11 / 30 / 2015

Transaction ID : PR1625587836432

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Ms. Monique Showalter

Mailing Address One North Franklin

City State Zip Code
Chicago IL 60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Director, Marketing AHA Solutions, Inc

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

323.28

Date of Receipt

11 / 30 / 2015

Transaction ID : PR1625602236432

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

80.82

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 62 OF 98

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Stephen Hines

Mailing Address 155 North Wacker Drive

City	State	Zip Code
Chicago	IL	60606-1709

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

VP, Research HRET

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

323.28

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11			30			2015					

Transaction ID : PR1648726636432

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Mr. Erik RasmussenMailing Address 800 10th Street, NW
Two CityCenter, Suite 400

City	State	Zip Code
Washington	DC	20001-5188

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Senior Associate Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

923.28

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11			30			2015					

Transaction ID : PR1819487936432

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Ms. Aimee KuhlmanMailing Address 800 10th Street, NW
Two CityCenter, Suite 400

City	State	Zip Code
Washington	DC	20001-5188

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Senior Associate Director Fed. Relatio

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

323.28

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11			30			2015					

Transaction ID : PR1877582336432

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

130.82

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 63 OF 98

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Shari Dexter

Mailing Address 800 10th Street, NW

Two CityCenter, Suite 400

City

Washington

State

DC

Zip Code

20001-5188

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Director, Political Action

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.76

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 30 / 2015

Transaction ID : PR1878189836432

Amount of Each Receipt this Period

38.48

P/R Deduction (\$19.24 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Ms Beverly Hancock

Mailing Address 155 N. Wacker Dr.

City

Chicago

State

IL

Zip Code

60606-1787

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Dir Educational Programs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

323.28

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 30 / 2015

Transaction ID : PR1913189336432

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Ms. Joanna Kim

Mailing Address 800 10th Street, NW

Two CityCenter, Suite 400

City

Washington

State

DC

Zip Code

20001-5188

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Senior Associate Director, Policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

323.28

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 30 / 2015

Transaction ID : PR1913190536432

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

92.36

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 64 OF 98

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Evelyn Knolle

Mailing Address 800 10th Street, NW

Two CityCenter, Suite 400

City

Washington

State

DC

Zip Code

20001-5188

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Senior Associate Director, Policy -TR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.76

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 / 30 / 2015

Transaction ID : PR1913190736432

Amount of Each Receipt this Period

38.48

P/R Deduction (\$19.24 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Ms. Juanita Myrick

Mailing Address 800 10th Street, NW

Two CityCenter, Suite 400

City

Washington

State

DC

Zip Code

20001-5188

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Director, Employee Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

324.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 / 30 / 2015

Transaction ID : PR1913192536432

Amount of Each Receipt this Period

27.00

P/R Deduction (\$13.50 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Ms. Jennifer Schleman

Mailing Address 800 10th Street, NW

Two CityCenter, Suite 400

City

Washington

State

DC

Zip Code

20001-5188

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Senior Associate Director, Media Relat

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.76

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 / 30 / 2015

Transaction ID : PR1913194036432

Amount of Each Receipt this Period

38.48

P/R Deduction (\$19.24 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

103.96

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 65 OF 98

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Chantal Worzala

Mailing Address 800 10th Street, NW

Two CityCenter, Suite 400

City

Washington

State

DC

Zip Code

20001-5188

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Director, Policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

313.31

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
11				30				2015					

Transaction ID : PR1913196436432

Amount of Each Receipt this Period

36.86

P/R Deduction (\$18.43 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Ms. Kathleen Cain

Mailing Address 155 North Wacker Drive

City

Chicago

State

IL

Zip Code

60606-1709

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Senior Staff Specialist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
11				30				2015					

Transaction ID : PR1936378436432

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Ms. Janet Henderson

Mailing Address 155 North Wacker Drive

City

Chicago

State

IL

Zip Code

60606-1709

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Director, Member Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

902.76

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
11				30				2015					

Transaction ID : PR1937843136432

Amount of Each Receipt this Period

97.28

P/R Deduction (\$48.64 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

154.14

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 66 OF 98

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Diane Jones

Mailing Address 800 10th Street, NW

Two CityCenter, Suite 400

City

Washington

State

DC

Zip Code

20001-5188

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Sr Assoc Dir Policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.76

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
11				30				2015					

Transaction ID : PR1943461536432

Amount of Each Receipt this Period

38.48

P/R Deduction (\$19.24 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Ms. Stacey Chappell

Mailing Address 155 North Wacker Drive

City

Chicago

State

IL

Zip Code

60606-1787

FEC ID number of contributing
federal political committee.

C

Name of Employer

AONE

Occupation

Senior Communications Specialist, Advo

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

323.28

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
11				30				2015					

Transaction ID : PR1963876236432

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Ms. Dawn M Rose JD, PHR

Mailing Address 2235 W Superior St

5113

City

Chicago

State

IL

Zip Code

60612-1327

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Executive Director, ASHHRA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

214.88

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
11				30				2015					

Transaction ID : PR1973958736432

Amount of Each Receipt this Period

25.28

P/R Deduction (\$12.64 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

90.70

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 67 OF 98

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms Kristina Weger

Mailing Address 800 10th Street NW

Two CityCenter, Suite 400

City

Washington

State

DC

Zip Code

20001-5188

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Senior Associate Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

454.60

Date of Receipt

11 / 30 / 2015

Transaction ID : PR2058887036432

Amount of Each Receipt this Period

45.46

P/R Deduction (\$22.73 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Mr Travis E Robey

Mailing Address 800 10th Street NW

Two CityCenter, Suite 400

City

Washington

State

DC

Zip Code

20001-5188

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Sr Assoc Dir Fed Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

454.60

Date of Receipt

11 / 30 / 2015

Transaction ID : PR2060308236432

Amount of Each Receipt this Period

45.46

P/R Deduction (\$22.73 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Mr Damareus Barbour

Mailing Address 800 10th Street, NW

Two CityCenter, Suite 400

City

Washington

State

DC

Zip Code

20001-5188

FEC ID number of contributing
federal political committee.

C

Name of Employer

AONE

Occupation

Workforce Center Specialist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

313.31

Date of Receipt

11 / 30 / 2015

Transaction ID : PR2060632936432

Amount of Each Receipt this Period

36.86

P/R Deduction (\$18.43 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

127.78

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Michael P. McCue

Mailing Address 122 N. Greenwood Avenue

City

Park Ridge

State

IL

Zip Code

60068-3227

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Associate Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

923.28

Date of Receipt

11 / 30 / 2015

Transaction ID : PR327771636432

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Ms. Suzanne R. Sonik

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Director, Long-Term Care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.76

Date of Receipt

11 / 30 / 2015

Transaction ID : PR32777236432

Amount of Each Receipt this Period

38.48

P/R Deduction (\$19.24 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Ms. Debra J. Stock

Mailing Address 1022 S. Harvey Avenue

City

Oak Park

State

IL

Zip Code

60304-2132

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Vice President, Member Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

923.28

Date of Receipt

11 / 30 / 2015

Transaction ID : PR32777836432

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

192.36

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Neil Jesuele

Mailing Address 155 N Wacker Dr

City State Zip Code
 Chicago IL 60606-1709

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 American Hospital Association-Chicago Executive Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.76

Date of Receipt

11 / 30 / 2015

Transaction ID : PR327801736432

Amount of Each Receipt this Period

38.48

P/R Deduction (\$19.24 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Ms. Pamela Austin Thompson MS, RN, FA

Mailing Address 800 10th Street, NW
 Two CityCenter, Suite 400

City State Zip Code
 Washington DC 20001-5188

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 AONE AHA Senior Vice President, CEO America

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

923.28

Date of Receipt

11 / 30 / 2015

Transaction ID : PR327812036432

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Ms. Joan H. Lewis

Mailing Address 6034 North 22nd Street

City State Zip Code
 Arlington VA 22205-3408

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 American Hospital Association-Washingt Regional Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.76

Date of Receipt

11 / 30 / 2015

Transaction ID : PR327831736432

Amount of Each Receipt this Period

38.48

P/R Deduction (\$19.24 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

153.90

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 70 OF 98

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Mark Seklecki

Mailing Address 800 10th Street, NW

Two CityCenter, Suite 400

City

Washington

State

DC

Zip Code

20001-5188

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Vice President, Political Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

923.28

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
11				30				2015					

Transaction ID : PR327858036432

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Mr. John F. Barry

Mailing Address One North Franklin

City

Millis

State

MA

Zip Code

60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Regional Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

923.28

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
11				30				2015					

Transaction ID : PR327877836432

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Mr. George F. Bergstrom

Mailing Address 130 North Garland Court

#3002

City

Chicago

State

IL

Zip Code

60602-4750

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

923.28

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
11				30				2015					

Transaction ID : PR327895736432

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

230.82

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 71 OF 98

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Eileen M. Collins Offner

Mailing Address 800 10th Street, NW

Two CityCenter, Suite 400

City

Washington

State

DC

Zip Code

20001-5188

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Director Policy Development

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

323.28

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
11				30				2015					

Transaction ID : PR327906136432

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Mr. Thomas J. Bonner FACHE

Mailing Address P.O. Box 679010

City

Austin

State

TX

Zip Code

78767-9010

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Regional Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

923.28

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
11				30				2015					

Transaction ID : PR327983736432

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Mr. Richard J. Umbdenstock

Mailing Address 800 10th Street, NW

Two CityCenter, Suite 400

City

Washington

State

DC

Zip Code

20001-5188

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

923.28

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
11				30				2015					

Transaction ID : PR328132836432

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

180.82

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 72 OF 98
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Donna J. Melkonian

Mailing Address 5545 North Wayne

City

Chicago

State

IL

Zip Code

60640-1318

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

923.28

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
11				30				2015					

Transaction ID : PR328223836432

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Mr. Ron O. Purcell

Mailing Address 1093 N. Faldo Way

City

Eagle

State

ID

Zip Code

83616-5369

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Regional Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

923.28

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
11				30				2015					

Transaction ID : PR328241436432

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Mr. Richard J. Pollack

Mailing Address 3475 North Venice Street

City

Arlington

State

VA

Zip Code

22207-4446

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Executive Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

923.28

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
11				30				2015					

Transaction ID : PR328260936432

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

230.82

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 73 OF 98

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Carla J Luggiero

Mailing Address 800 10th Street, NW

Two CityCenter, Suite 400

City

Washington

State

DC

Zip Code

20001-5188

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Senior Associate Director, Fed Relatio

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

231.12

Date of Receipt

11 / 30 / 2015

Transaction ID : PR328490136432

Amount of Each Receipt this Period

19.26

P/R Deduction (\$9.63 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Ms. Carolyn Forcina

Mailing Address 200 Clover Hill Court

City

Yardley

State

PA

Zip Code

19067-5736

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Regional Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

923.28

Date of Receipt

11 / 30 / 2015

Transaction ID : PR328511836432

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Ms. Alicia N. Mitchell

Mailing Address 1501 N. Harrison Street

City

Arlington

State

VA

Zip Code

22205-2726

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Senior Vice President, Communications

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

923.28

Date of Receipt

11 / 30 / 2015

Transaction ID : PR328512036432

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

173.14

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 74 OF 98

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. George Arges

Mailing Address One North Franklin St.

City State Zip Code
 Chicago IL 60606-4425

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 American Hospital Association-Chicago Senior Director, Health Data Managemen

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.76

Date of Receipt

11 / 30 / 2015

Transaction ID : PR328641136432

Amount of Each Receipt this Period

38.48

P/R Deduction (\$19.24 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Mr. Anthony S Burke

Mailing Address 155 N Wacker Dr

City State Zip Code
 Chicago IL 60606-1709

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 AHA Solutions, Inc. CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

923.28

Date of Receipt

11 / 30 / 2015

Transaction ID : PR328913336432

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Ms. Rebecca Chickey

Mailing Address One North Franklin Street

City State Zip Code
 Chicago IL 60606-4425

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 American Hospital Association-Chicago SPSA Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.76

Date of Receipt

11 / 30 / 2015

Transaction ID : PR329013436432

Amount of Each Receipt this Period

38.48

P/R Deduction (\$19.24 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

153.90

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 75 OF 98

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Dr. John R. Combes

Mailing Address One North Franklin

City
ChicagoState
ILZip Code
60606-3436FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

President & Chief Operating Officer, C

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

923.28

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
11				30				2015					

Transaction ID : PR329071336432

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Ms. Robyn L. BashMailing Address 800 10th Street, NW
Two CityCenter, Suite 400City
WashingtonState
DCZip Code
20001-5188FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Executive Director, Federal Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

923.28

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
11				30				2015					

Transaction ID : PR329084436432

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Mr. W. Thomas Deweese

Mailing Address 5201 Virginia Way

City
BrentwoodState
TNZip Code
37027-7525FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

AHA Regional Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

923.28

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
11				30				2015					

Transaction ID : PR329215736432

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

230.82

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 76 OF 98

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. John Evans

Mailing Address One North Franklin Street

City State Zip Code
Chicago IL 60606-4425

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
American Hospital Association-Chicago Senior Vice President & CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

323.28

Date of Receipt

11 / 30 / 2015

Transaction ID : PR329342636432

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Ms. Patricia Meersman

Mailing Address One North Franklin

City State Zip Code
Chicago IL 60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
American Hospital Association-Chicago Senior Director Member Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.76

Date of Receipt

11 / 30 / 2015

Transaction ID : PR330343336432

Amount of Each Receipt this Period

38.48

P/R Deduction (\$19.24 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Mr. Thomas Misfeldt

Mailing Address One North Franklin

City State Zip Code
Chicago IL 60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
American Hospital Association-Chicago Associate Regional Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

923.28

Date of Receipt

11 / 30 / 2015

Transaction ID : PR330411636432

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

142.36

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

 FOR LINE NUMBER: PAGE 77 OF 98
 (check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Maureen D. Mudron
 Mailing Address 325 Seventh Street, NW
 Suite 700

City	State	Zip Code
Washington	DC	20004-2818

FEC ID number of contributing federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Deputy General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

323.28

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11				30			2015					

Transaction ID : PR330465236432

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Mr. Paul N. Muraca

Mailing Address 4960 138th Circle West

City	State	Zip Code
Apple Valley	MN	55124-9229

FEC ID number of contributing federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Regional Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

923.28

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11				30			2015					

Transaction ID : PR330475436432

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Mr. Gene O'Dell

Mailing Address One North Franklin

City	State	Zip Code
Chicago	IL	60606-3436

FEC ID number of contributing federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Vice President, Strategic Planning

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.76

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11				30			2015					

Transaction ID : PR330547736432

Amount of Each Receipt this Period

38.48

P/R Deduction (\$19.24 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

142.36

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 78 OF 98
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Eileen O'Keefe

Mailing Address 172 Atteridge

City

Lake Forest

State

IL

Zip Code

60045-1715

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Vice President, Constituency Section

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

923.28

Date of Receipt

11 / 30 / 2015

Transaction ID : PR330549236432

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Mr. Anthony Spohn

Mailing Address 3219 N. Oriole

City

Chicago

State

IL

Zip Code

60634-3232

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Executive Director, Associate Membersh

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.76

Date of Receipt

11 / 30 / 2015

Transaction ID : PR331098336432

Amount of Each Receipt this Period

38.48

P/R Deduction (\$19.24 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Ms. Debi H. Tucker Esq.

Mailing Address 1101 N. Kentucky Street

City

Arlington

State

VA

Zip Code

22205-3515

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Executive Director, State Issues Forum

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.76

Date of Receipt

11 / 30 / 2015

Transaction ID : PR331278836432

Amount of Each Receipt this Period

38.48

P/R Deduction (\$19.24 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

153.90

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 79 OF 98
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Darlene S. Vanderbush

Mailing Address 26 West Glendale Ave.

City

Alexandria

State

VA

Zip Code

22301-2402

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Vice President, Operations - APP

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

923.28

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
11				30				2015					

Transaction ID : PR331304236432

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Ms. Jo Ann K Webb MHA, RN

Mailing Address 800 10th Street, NW

Two CityCenter, Suite 400

City

Washington

State

DC

Zip Code

20001-5188

FEC ID number of contributing
federal political committee.

C

Name of Employer

AONE

Occupation

Senior Director of Federal Relations a

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

323.28

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
11				30				2015					

Transaction ID : PR331379136432

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Ms. Judy Weinsheimer

Mailing Address 800 10th Street, NW

Two CityCenter, Suite 400

City

Washington

State

DC

Zip Code

20001-5188

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Senior Associate Director

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

323.28

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
11				30				2015					

Transaction ID : PR331386936432

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

130.82

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 80 OF 98

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Dale L Woodin CHFM, FASH

Mailing Address 155 North Wacker Drive, Suite 400

City	State	Zip Code
Chicago	IL	60606-1719

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association

Occupation

Senior Executive Director Infrastructu

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

323.28

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2015

Transaction ID : PR331481336432

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Ms. Megan CundariMailing Address 800 10th Street, NW
Two CityCenter, Suite 400

City	State	Zip Code
Washington	DC	20001-5188

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Senior Associate Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

923.28

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2015

Transaction ID : PR518031936432

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Ms. Laura M. WernerMailing Address 800 10th Street, NW
Two CityCenter, Suite 400

City	State	Zip Code
Washington	DC	20001-5188

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Associate Director, Political Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.76

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2015

Transaction ID : PR560101536432

Amount of Each Receipt this Period

38.48

P/R Deduction (\$19.24 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

142.36

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Ashley B. Thompson

Mailing Address 606 S. Royal St.

City

Alexandria

State

VA

Zip Code

22314-4142

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Director, Policy

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

923.28

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 30 / 2015

Transaction ID : PR766023736432

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Ms. Rochelle M. Archuleta

Mailing Address 800 10th Street, NW

Two CityCenter, Suite 400

City

Washington

State

DC

Zip Code

20001-5188

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Senior Associate Director Policy

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

323.28

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 30 / 2015

Transaction ID : PR801366336432

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

103.88

TOTAL This Period (last page this line number only)..... ►

54501.60

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 11a ☐ 11b ☐ 11c ☒ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. New York Hospital & Healthcare Assoc. FED PAC

Mailing Address One Empire Drive

City State Zip Code
Rensselaer NY 12144

FEC ID number of contributing
federal political committee.

C C00160259

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

190000.00

Date of Receipt

11 / **19** / **2015**

Transaction ID : 22809117

Amount of Each Receipt this Period

25000.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

25000.00

25000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 83 OF 98
(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. TD Bank

Mailing Address 901 Seventh Street, NW

City State Zip Code
 Washington DC 20001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2135.26

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 / 30 / 2015

Transaction ID : 22828367

Amount of Each Receipt this Period

243.28

Interest Earned

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

243.28

243.28

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Newtek Merchant Solutions

Mailing Address 744 N 4th Street

City Milwaukee State WI Zip Code 53203

Purpose of Disbursement
Merchant Fees

001

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 02 / 2015
Transaction ID : 22828368

Amount of Each Disbursement this Period

139.22

Merchant Fees

Full Name (Last, First, Middle Initial)

B. PaymentechMailing Address 14221 Dallas Parkway
Building Two

City Dallas State TX Zip Code 75254

Purpose of Disbursement
Merchant Fees

001

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 03 / 2015
Transaction ID : 22828369

Amount of Each Disbursement this Period

61.45

Merchant Fees

Full Name (Last, First, Middle Initial)

C. TD Bank

Mailing Address 901 Seventh Street, NW

City Washington State DC Zip Code 20001

Purpose of Disbursement
Bank Fee

001

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 16 / 2015
Transaction ID : 22828385

Amount of Each Disbursement this Period

124.60

Bank Fee

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

325.27

325.27

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. McKinley For Congress

Mailing Address PO Box 642

City	State	Zip Code
Morgantown	WV	26507

Purpose of Disbursement
Contribution

Candidate Name

Rep. David McKinleyOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: WV District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		02		2015

Transaction ID : 22788264

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Carlos Curbelo Congress

Mailing Address 8770 Sw 72nd St

City	State	Zip Code
Miami	FL	33173

Purpose of Disbursement
Contribution

Candidate Name

Rep. Carlos CurbeloOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 26

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		02		2015

Transaction ID : 22788576

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Guthrie For Congress

Mailing Address PO Box 9639

City	State	Zip Code
Bowling Green	KY	42102

Purpose of Disbursement
Contribution

Candidate Name

Rep. Brett GuthrieOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: KY District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		02		2015

Transaction ID : 22788577

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. King For CongressMailing Address PO Box 398
202 W 2nd St

City Wall Lake State IA Zip Code 51466

Purpose of Disbursement
Contribution

Candidate Name

Rep. Steve A. KingOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: IA District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		02		2015

Transaction ID : 22788578

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. John Lewis For Congress

Mailing Address PO Box 2323

City Atlanta State GA Zip Code 30301

Purpose of Disbursement
Contribution

Candidate Name

Rep. John LewisOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: GA District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		02		2015

Transaction ID : 22788579

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Cathy McMorris Rodgers For Congress

Mailing Address Box 137

City Spokane State WA Zip Code 99210

Purpose of Disbursement
Contribution

Candidate Name

Rep. Cathy McMorris RodgersOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: WA District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		02		2015

Transaction ID : 22788580

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
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Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Friends Of Joe Pitts

Mailing Address PO Box 775

City	State	Zip Code
Unionville	PA	19375

Purpose of Disbursement
Contribution

Candidate Name

Rep. Joe R. PittsOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District: 16

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		02		2015

Transaction ID : 22788582

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Adrian Smith For CongressMailing Address 3321 Avenue I
Suite 6

City	State	Zip Code
Scottsbluff	NE	69361

Purpose of Disbursement
Contribution

Candidate Name

Rep. Adrian SmithOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: NE District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		02		2015

Transaction ID : 22788583

Amount of Each Disbursement this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

C. Martha Roby For Congress

Mailing Address PO Box 195

City	State	Zip Code
Montgomery	AL	36101

Purpose of Disbursement
Contribution

Candidate Name

Rep. Martha RobyOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: AL District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		02		2015

Transaction ID : 22788584

Amount of Each Disbursement this Period

2000.00

Contribution

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

6500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mike Thompson For Congress

Mailing Address 5429 Madison Avenue

City	State	Zip Code
Sacramento	CA	95841

Purpose of Disbursement
Contribution

Candidate Name

Rep. Mike ThompsonOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		02		2015

Transaction ID : 22788585

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Stabenow For U.S. Senate

Mailing Address P.O. Box 4945

City	State	Zip Code
East Lansing	MI	48826

Purpose of Disbursement
2018 Contribution

Candidate Name

Sen. Debbie StabenowOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2018
☒ Primary ☐ General
☐ Other (specify) ▼

State: MI District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		02		2015

Transaction ID : 22788586

Amount of Each Disbursement this Period

2500.00

2018 Contribution

Full Name (Last, First, Middle Initial)

C. Debbie Dingell For CongressMailing Address 19855 W. Outer Dr.
Ste 103 Ae

City	State	Zip Code
Dearborn	MI	48124

Purpose of Disbursement
Contribution

Candidate Name

Debbie DingellOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: MI District: 12

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		02		2015

Transaction ID : 22788588

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Tom MacArthur For Congress Inc.

Mailing Address PO Box 225

City	State	Zip Code
Colonia	NJ	07067

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Tom MacArthurCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: NJ District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	02	/	2015

Transaction ID : 22788589

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Friends Of Glenn Thompson

Mailing Address PO Box 1112

City	State	Zip Code
State College	PA	16804

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Glenn W. ThompsonCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	02	/	2015

Transaction ID : 22788591

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Steve Cohen For Congress

Mailing Address 349 Kenilworth Place

City	State	Zip Code
Memphis	TN	38112

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Stephen Ira CohenCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: TN District: 09

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	02	/	2015

Transaction ID : 22788592

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Lynn Jenkins For Congress

Mailing Address PO Box 1441

City Topeka	State KS	Zip Code 66601
----------------	-------------	-------------------

Purpose of Disbursement
Contribution

Candidate Name

Rep. Lynn JenkinsOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: KS District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		06		2015

Transaction ID : 22791212

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Friends Of Roy Blunt

Mailing Address PO Box 10178

City Columbia	State MO	Zip Code 65205
------------------	-------------	-------------------

Purpose of Disbursement
Contribution

Candidate Name

Sen. Roy BluntOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2016
☐ Primary ☒ General
☐ Other (specify) ▼

State: MO District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		06		2015

Transaction ID : 22791213

Amount of Each Disbursement this Period

5000.00

Contribution

Full Name (Last, First, Middle Initial)

C. ROYB - Rely on Your Beliefs FundMailing Address 1300 Pennsylvania Avenue, NW
Suite 700

City Washington	State DC	Zip Code 20004
--------------------	-------------	-------------------

Purpose of Disbursement
2015 Contribution

Candidate Name

ROYB - Rely on Your Beliefs FundOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		06		2015

Transaction ID : 22791214

Amount of Each Disbursement this Period

4000.00

2015 Contribution

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

10000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Tom Reed For Congress

Mailing Address PO Box 10847

City	State	Zip Code
Rochester	NY	14610

Purpose of Disbursement
Contribution

Candidate Name

Rep. Tom Reed

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: NY	District: 23

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		06		2015

Transaction ID : 22791215

Amount of Each Disbursement this Period

250.00

Contribution

Full Name (Last, First, Middle Initial)

B. Kaptur For Congress

Mailing Address P.O. Box 899

City	State	Zip Code
Toledo	OH	43697

Purpose of Disbursement
Contribution

Candidate Name

Rep. Marcy Kaptur

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: OH	District: 09

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		06		2015

Transaction ID : 22791216

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Charles Boustany Jr. MD For Congress, Inc.

Mailing Address PO Box 80126

City	State	Zip Code
Lafayette	LA	70598

Purpose of Disbursement
Contribution

Candidate Name

Rep. Charles W. Boustany Jr.

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: LA	District: 03

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		20		2015

Transaction ID : 22828491

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

2250.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Jim Costa For CongressMailing Address 2037 W Bullard Avenue
355

City Fresno State CA Zip Code 93711

Purpose of Disbursement
Contribution

Candidate Name

Rep. Jim CostaOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 16

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		20		2015

Transaction ID : 22828492

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Charlie Dent For Congress

Mailing Address PO Box 442

City Allentown State PA Zip Code 18105

Purpose of Disbursement
Contribution

Candidate Name

Rep. Charlie W. DentOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District: 15

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		20		2015

Transaction ID : 22828493

Amount of Each Disbursement this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

C. Anna Eshoo For Congress

Mailing Address 555 Capitol Mall, Suite 1425

City Sacramento State CA Zip Code 95814

Purpose of Disbursement
Contribution

Candidate Name

Rep. Anna G. EshooOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 18

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		20		2015

Transaction ID : 22828494

Amount of Each Disbursement this Period

3000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

6500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Bill Flores For Congress

Mailing Address PO Box 6207

City	State	Zip Code
Bryan	TX	77805

Purpose of Disbursement
Contribution

Candidate Name

Rep. Bill FloresOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 17

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		20		2015

Transaction ID : 22828495

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Jason Smith For Congress

Mailing Address PO Box 1324

City	State	Zip Code
Cape Girardeau	MO	63702

Purpose of Disbursement
Contribution

Candidate Name

Rep. Jason T. SmithOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: MO District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		20		2015

Transaction ID : 22828496

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. CASS PAC (Continuing America's Strength & Security PAC)

Mailing Address 3482 Drusilla Lane - Suite #1

City	State	Zip Code
Baton Rouge	LA	70809

Purpose of Disbursement
2015 Contribution

Candidate Name

CASS PAC (Continuing America's Strength & Security PAC)Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		20		2015

Transaction ID : 22828497

Amount of Each Disbursement this Period

1000.00

2015 Contribution

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 94 OF 98

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Jobs Opportunity and New Ideas PAC (JONI PAC)

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		20		2015

Mailing Address PO Box 93441

City	State	Zip Code
Des Moines	IA	50393

Transaction ID : 22828498Purpose of Disbursement
2015 Contribution

Amount of Each Disbursement this Period

Candidate Name

Jobs Opportunity and New Ideas PAC (JONI PAC)**011**Category/
Type

1000.00

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

2015 Contribution

State: District:

Full Name (Last, First, Middle Initial)

B. More Conservatives PAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		20		2015

Mailing Address 228 S Washington Street
Suite 115

City	State	Zip Code
Alexandria	VA	22314

Transaction ID : 22828504Purpose of Disbursement
2015 Contribution

Amount of Each Disbursement this Period

Candidate Name

More Conservatives PAC**011**Category/
Type

2000.00

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

2015 Contribution

State: District:

Full Name (Last, First, Middle Initial)

C. MURPHPAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		20		2015

Mailing Address PO Box 127

City	State	Zip Code
Cheshire	CT	06410

Transaction ID : 22828518Purpose of Disbursement
2015 Contribution

Amount of Each Disbursement this Period

Candidate Name

MURPHPAC**011**Category/
Type

1000.00

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

2015 Contribution

State: District:

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Friends Of Dan Kildee

Mailing Address P.O. Box 248

City Flint	State MI	Zip Code 48501
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Purpose of Disbursement
Contribution

Candidate Name

Rep. Dan KildeeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: MI District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		20		2015

Transaction ID : 22828522

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Klobuchar For Minnesota

Mailing Address PO Box 4146

City St Paul	State MN	Zip Code 55104
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Purpose of Disbursement
2018 Contribution

Candidate Name

Sen. Amy KlobucharOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2018
☒ Primary ☐ General
☐ Other (specify) ▼

State: MN District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		20		2015

Transaction ID : 22828524

Amount of Each Disbursement this Period

1000.00

2018 Contribution

Full Name (Last, First, Middle Initial)

C. Kaine For Virginia

Mailing Address 1751 Potomac Greens Drive

City Alexandria	State VA	Zip Code 22314
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Purpose of Disbursement
2018 Contribution

Candidate Name

Sen. Tim KaineOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2018
☒ Primary ☐ General
☐ Other (specify) ▼

State: VA District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		20		2015

Transaction ID : 22828526

Amount of Each Disbursement this Period

1000.00

2018 Contribution

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3000.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Tammy Baldwin For Senate

Mailing Address P.O. Box 696

City	State	Zip Code
Madison	WI	53701

Purpose of Disbursement
2018 Contribution

Candidate Name

Sen. Tammy BaldwinOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2018
☒ Primary ☐ General
☐ Other (specify) ▼

State: WI District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		20		2015

Transaction ID : 22828528

Amount of Each Disbursement this Period

1000.00

2018 Contribution

Full Name (Last, First, Middle Initial)

B. Mullin For Congress

Mailing Address PO Box 3681

City	State	Zip Code
Muskogee	OK	74402

Purpose of Disbursement
Void of 12/14 Check

Candidate Name

Markwayne MullinOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: OK District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		30		2015

Transaction ID : 22848866

Amount of Each Disbursement this Period

-1000.00

Void of 12/14 Check

Full Name (Last, First, Middle Initial)

C. Together Holding Our Majority (THOM PAC)

Mailing Address PO Box 97396

City	State	Zip Code
Raleigh	NC	27624

Purpose of Disbursement
Void of 02/15 Check

Candidate Name

Together Holding Our Majority (THOM PAC)Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		30		2015

Transaction ID : 22848868

Amount of Each Disbursement this Period

-1000.00

Void of 02/15 Check

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

-1000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Bob Goodlatte For Congress Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		30		2015

Mailing Address P.O. Box 292

City	State	Zip Code
Roanoke	VA	24002

Transaction ID : 22848870Purpose of Disbursement
Void of 03/15 Check

011
Category/ Type

Amount of Each Disbursement this Period

-1000.00

Candidate Name

Rep. Bob W. Goodlatte

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
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Void of 03/15 Check

State: VA District: 06

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City	State	Zip Code

Amount of Each Disbursement this Period

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Purpose of Disbursement

Candidate Name

Category/ Type

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
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State: District:

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City	State	Zip Code

Amount of Each Disbursement this Period

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Purpose of Disbursement

Candidate Name

Category/ Type

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
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State: District:

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

-1000.00

54750.00
